

Attorney Docket No.: VN169RI

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Ke	Reissue Application of: Rangan, et al.)	
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Application No.: 09/173,582)	Examiner:
• •)	
Filed:	October 15, 1998	ĺ	
		í	Group Art Unite: 2732
For:	DATA COMMUNICATION	, \	Group int Cinto. 2702
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	NETWORK WITH TRANSFER)	
	PORT, CASCADE PORT AND/OR)	
	FRAME SYNCHRONIZING SIGNAL)	

Assistant Commissioner for Patents Washington, D.C. 20231

DECLARATION OF ALAN R. LOUDERMILK

I, Alan R. Loudermilk, am the patent attorney prosecuting this reissue application on behalf of the Applicants.

This declaration is provided to explain that I have made a diligent effort in finding Ms. Geetha N. K. Rangan. She is no longer employed with the former assignee of the patent that is being reissued, and her last known address is: 1642 Meadowlark Lane, Sunnyvale, California 94087. After several months, we were able to locate her in India, and we forwarded the reissue application (specification, claims, drawings, and declaration) to her there. When we last spoke to her on the telephone earlier this week (she is still in India), she stated that she had reviewed the reissue application, signed the Declaration, and was sending it directly to my office.

Unfortunately, I have not yet received the signed Declaration, though I expect to receive it any day as she assured me. Upon receipt, the Declaration shall be promptly forwarded to the Patent and Trademark Office.

The Assistant Commission will find enclosed the Declarations executed by the remaining co-inventors.

I declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United Sates Code, and that such willful false statements may jeopardize the validity of the reissue application or any patent issued thereon.

Respectfully submitted,

Alan R. Loudermilk Registration No. 32,788 Attorney for Applicants

May 6, 1999 10950 North Blaney Ave., Suite B Cupertino, CA 95014 408-342-1866

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CONSENT OF ASSIGNEE TO REISSUE

In accordance with the provisions of 37 CFR 1.172, Vertical Networks Inc., assignee of U.S. Patent No. 5,566,169, consents to the filing of Reissue Application No. 09/173,582 for the Reissue of U.S. Patent No. 5,566,169. Vertical Networks Inc. further assents to the filing of the Reissue Oaths by the inventors thereof.

Date: 5/3/99

Vertieal Networks Inc.

Name: Scottk Pickett

Title: Chief Technology Officer & Vice President of Engineering



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ESTABLISHING RIGHT OF ASSIGNEE TO TAKE ACTION PURSUANT TO 37 CFR 3.73(b)

Assignee, Vertical Networks Inc., a corporation located in Santa Clara, California, certifies that it is the assignee of the entire right, title, and interest in the reissue patent application identified above by virtue of the chain of title from the inventors to the assignor, National Semiconductor Corporation, of U.S. Patent No. 5,566,169, to the current assignee as shown in the Assignment document recorded in the Patent and Trademark Office at Reel 9396, Frame 0689.

The undersigned has reviewed all the documents in the chain of title of the reissue patent application above, and to be best of the undersigned's knowledge and belief, title is in the above identified assignee.

The undersigned is empowered to sign the certificate on behalf of the assignee.

I declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by

fine or imprisonment, or both, under Section 1001 of Title 18 of the Untied Sates Code, and that such willful false statements may jeopardize the validity of the reissue application or any patent issued thereon.

Date: 5/3/99

By:

Name: Scott K. Pickett

Title: Vice President of Engineering
Chief Technology Officer



PTO/SB/51 (12-97)
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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR	VN169RI			
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number				
was filed on OCTOBER 15, 1998 as reissue application n and was amended on (If applicable)	umber <u>09</u> / <u>173,582</u>			
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)				
by reason of a defective specification or drawing.				
by reason of the patentee claiming more or less than he had the	right to claim in the patent.			
by reason of other errors.				
At least one error upon which reissue is based is described as follows:	:			
BY REASON OF CLAIMING ONLY CLAIMS LESS THAN THE FULL RIGHT TO CLAIM ADDITIONAL CLAIMS ARE ADDED, FOR 16 IN THE REISSUE APPLICATION. TH RELIED UPON TO SUPPORT THE REI	EXAMPLE, CLAIM			

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(REISSUE APPLI	CATION DECLARATION BY THE INVEI	NTOR, page 2)	Docket Number (Optional) VN1698I		
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.					
Name(s)	Registration Num				
ALAN R		2,788			
Correspondence A	Address: Direct all communications abou	ut the application to:			
Customer Nu	mber	\rightarrow	Place Customer Number Bar Code Label here		
OR	Type Customer Number her	e [
Firm or Individual Name	LOUDERMILK & A	rssociATES			
Address	10950 N. BLANE		SUITE B		
Address					
City	CUPERTINO	State (A ZIP 95014		
Country	U.S.A.				
Telephone	408-342-1866	Fax	408-342-1868		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
	or first inventor (given name, family name)			
Inventor's signature	N.K.RANGAN				
Residence		Date			
Post Office Addres	s	Citizenship			
Full name of secon	nd joint inventor (given name, family nam	e)			
DEBRA .	J. WORSLEY				
Inventor's signatur	Worsley	Date 5 No	y 99		
Residence /		Citizenship US	Á		
Post Office Address 1723 W. Hedding St. San Jose, CA 95126					
Full name of third joint inventor (given name, family name)					
RICHARD THAIK Inventor's signature Date					
Residence		Citizenship			
Post Office Address					
Additional joint inventors are named on separately numbered sheets attached hereto.					

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional)			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.							
Name(s)	Registration Nu	ımber					
ALAN LOUG	DERMILK 32,78	88					
Customer Nu	Type Customer Number h	ere	$] \rightarrow$	Place	Customer Number Bar Label here		
Firm or Individual Name	LOUDERMILK & AS	550C1	ATES				
Address	10950 N. BLANEY	AVE	NUE,	SUITE	B		
Address							
City	CUPERTINO		State	CA	ZIP 95014		
Country	U.S.A.			·			
Telephone	408-342-1866		Fax	408-	342-1868		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) RIAN EDEM Inventor's signature							
Résidence 1058 Happi	y Valley Ave	Date	5/5	/99			
Post Office Addres	. 11 /	Citiz	renship				
Full name of second joint inventor (given name, family name)							
Inventor's signature	9	Date	Date				
Residence			Citizenship				
Post Office Address							
Full name of third joint inventor (given name, family name)							
Inventor's signature Date			9				
			Citizenship				
Post Office Address							
Additional joint inventors are named on separately numbered sheets attached hereto.							

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Under the Paperwork Reduction Act of 1985, no persons afet require respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2) VNIGARI All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Registration Number Name(s) ALAM MIDFRHILK Correspondence Address: Direct all communications about the application to Place Customer Number Bar Customer Number Code Label here Type Customer Number here OR Firm or Individual Name Address Address City State Country 428 - 342- 1 Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed. Full name of sole or first inventor (given name, family name) GEETHA Inventor's signature Residence Date Citizenship Post Office Address Full name of second joint inventor (given name, family name) Inventor's signature Date Residence Citizenship Post Office Address Full name of third joint inventor (given name, family name) RICHARD Date • Inventor's signature, 515/49 Residence Citizenship 1566 Cleo Springs Post Office Address Jose Additional joint inventors are named on separately numbered sheets attached hereto